

MONTHLY OPERATING REPORT

CHAPTER II

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee For Period May 1 to May 31 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Supporting Schedules (FORM 2-E)
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Narrative (FORM 2-F)
{ } <input checked="" type="checkbox"/>	{ } <input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 7/29/10  
(date)

Debtor(s)\*: \_\_\_\_\_

By:\*\* \_\_\_\_\_

Position: Controller \_\_\_\_\_

Name of preparer: Chris Cooley \_\_\_\_\_

Telephone No. of Preparer 601-981-0070 ext 233 \_\_\_\_\_

\*both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: prevalence Health  
CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	Month	Month	Month	Month	Month	Month	Month
CURRENT ASSETS:								
Cash.....	12/31/09	1/31/10	2/28/10	3/31/10	4/30/10	5/31/10	6/30/10	7/31/10
Accounts Receivable, Net.....	1,676,083	1,685,525	1,484,147	1,388,697	1,371,649	1,360,816	1,360,816	1,360,816
Inventory, at lower of cost or market.....	294,528	292,998	293,506	293,114	300,924	300,077	300,077	300,077
Prepaid expenses & deposits.....	75000	84,930	73,400	79,800	80,398	76,630	76,630	76,630
Other Receivable from Sale of Assets.....	19,656	19,656	19,656	19,656	19,656	19,656	19,656	19,656
<u>TOTAL CURRENT ASSETS.....</u>	<u>20,83,009</u>	<u>1,875,721</u>	<u>1,781,267</u>	<u>1,752,971</u>	<u>1,737,522</u>	<u>1,737,522</u>	<u>1,737,522</u>	<u>1,737,522</u>
PROPERTY, PLANT & EQUIPMENT.....								
Less accumulated depreciation.....								
NET PROPERTY, PLANT & EQUIPMENT.....								
OTHER ASSETS								
Debts								
<u>TOTAL OTHER ASSETS.....</u>	<u>56,726</u>	<u>55,733</u>	<u>55,733</u>	<u>55,733</u>	<u>55,733</u>	<u>55,733</u>	<u>55,733</u>	<u>55,733</u>
<u>TOTAL ASSETS.....</u>	<u>2,121,993</u>	<u>2,138,142,931</u>	<u>442</u>	<u>837,000</u>	<u>1,888,704</u>	<u>1,793,262</u>	<u>1,793,262</u>	<u>1,793,262</u>

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
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CASE NAME: Locate Inc 11n 26c

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing Date	4 Month	Month	Month	Month	Month	Month	Month
	5/31/09	6/30/09	7/31/09	8/31/09	9/30/09	10/31/09	11/30/09	12/31/09
CURRENT ASSETS:								
Cash.....	579,988	616,580	513,396	406,712	417,636	411,481	670,134	
Accounts Receivable, Net.....	960,787	841,550	723,450	807,823	754,398	333,169	277,976	
Inventory, at lower of cost or market.....	365,452	372,870	402,769	400,476	0	0	0	
Prepaid expenses & deposits.....	118,110	151,593	170,837	139,466	122,958	82,209	4	82,448
Other Receivable & Sale of Assets								
TOTAL CURRENT ASSETS.....	2,019,337	2,002,363	1,860,452	1,754,419	2,249,179	1,980,929	1,984,743	
PROPERTY, PLANT & EQUIPMENT.....	2,386,097	2,386,097	2,386,096	2,386,096	0	0	0	
Less accumulated depreciation.....	2,244,328	(2,253,093)	(2,261,584)	(2,261,584)	0	0	0	
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,064	124,593	116,352	0	0	0	
OTHER ASSETS								
Deposits	43,192	54,193	56,762	56,762	56,726	56,726	56,726	
TOTAL OTHER ASSETS.....	43,192	54,193	56,762	56,762	56,726	56,726	56,726	
TOTAL ASSETS.....	2,209,293	2,189,560	2,041,771	1,927,497	2,305,905	2,037,655	2,041,469	

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

FORM 2-B  
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\* Adjustments from May 31, 2009 to June 9, 2009 are not available.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing Date	Month	Month	Month	Month	Month	Month
POST-PETITION LIABILITIES:	(12/31/09	1/31/10	2/28/10	3/31/10	4/30/10	5/31/10	
Taxes payable (Form 2-E, pg.1 of 3).....	0	0	0	0	0	0	
Accounts payable (Form 2-E, pg.1 of 3).....	92,775	92,140	98,765	98,764	92,265	92,265	
Other: <u>Misc. Accruals</u>	206,887	231,038	112,386	400,43	441,45	29,099	
<b>TOTAL POST-PETITION LIABILITIES:</b> .....	<b>299,662</b>	<b>329,119</b>	<b>211,151</b>	<b>144,807</b>	<b>136,410</b>	<b>121,364</b>	
PRE-PETITION LIABILITIES:							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....							
Other.....							
<b>TOTAL LIABILITIES:</b> .....	<b>5894,175</b>	<b>5924,9255,806</b>	<b>172,5739,829</b>	<b>5731,429</b>	<b>5723,886</b>		
<b>EQUITY (DEFICIT)</b>	<b>5,994,125</b>	<b>5,994,125</b>	<b>5,994,125</b>	<b>5,994,125</b>	<b>5,994,125</b>	<b>5,994,125</b>	
PREFERRED STOCK.....							
COMMON STOCK.....							
RETAINED EARNINGS:							
Through filing date.....	(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)	(9,635,427)	
Post filing date.....	(130,880)	(144,781)	(233,420)	(261,527)	(281,423)	(289,322)	
<b>TOTAL EQUITY (NET WORTH):</b> .....	<b>(3772,182)</b>	<b>(3786,093)</b>	<b>(3,874,730)</b>	<b>(3902,829)</b>	<b>(3922,725)</b>	<b>(3930,624)</b>	
<b>TOTAL LIABILITIES &amp; EQUITY:</b> .....	<b>2,121,993</b>	<b>2,138,742</b>	<b>1,931,442</b>	<b>1,837,000</b>	<b>1,808,704</b>	<b>1,793,262</b>	

\*\* Included amounts billed to Prevalence that are disputed by Prevalence  
 \*\*\* Includes amounts owed to SafeMeds that were paid to Prevalence

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CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:

	Filing Date	Month	Month	Month	Month	Month	Month
<b>POST-PETITION LIABILITIES:</b>							
Taxes payable (Form 2-E, pg.1 of 3).....							
Accounts payable (Form 2-E, pg.1 of 3).....							
Other: <u>Accrued payroll, vacation, AGC, Assessments</u>	5/31/09 135,461	6/30/09 105,736	7/31/09 97,255	8/31/09 240,575	9/30/09 109,293	10/31/09 19,119	11/30/09 75,736
<b>TOTAL POST-PETITION LIABILITIES:</b>	<b>239,070</b>	<b>196,689</b>	<b>205,367</b>	<b>313,216</b>	<b>128,412</b>	<b>168,772</b>	
<b>PRE-PETITION LIABILITIES:</b>							
Notes payable - secured.....							
Priority debt.....							
Unsecured debt.....							
Other.....							
<b>TOTAL LIABILITIES:</b>	<b>5,355,600</b>	<b>5,732,291</b>	<b>5,730,550</b>	<b>5,657,443</b>	<b>5,612,235</b>	<b>5,589,453</b>	<b>5,591,420</b>
<b>EQUITY (DEFICIT)</b>							
5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	5,994,125	
<b>PREFERRED STOCK:</b>							
<b>COMMON STOCK:</b>							
<b>RETAINED EARNINGS:</b>							
Through filing date.....	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427	49,635,427
Post filing date.....	4,151,499	4,244,166	4,294,211	4,38,244	(38,906)	(38,906)	(38,906)
<b>TOTAL EQUITY (NET WORTH):</b>	<b>43,541,302</b>	<b>43,772,821</b>	<b>43,885,468</b>	<b>43,935,513</b>	<b>43,679,546</b>	<b>(34,80210)</b>	<b>(37,24723)</b>
<b>TOTAL LIABILITIES &amp; EQUITY:</b>	<b>7,209,298</b>	<b>2,189,540</b>	<b>2,041,721</b>	<b>1,927,497</b>	<b>2,305,9052,307,655</b>	<b>2,041,469</b>	

\* Adjustments from May 31, 2009 to June 9, 2009 are not available.

\*\* Included amounts billed to Prevalence that are disputed by Prevalence

\*\*\* Includes amounts owed to SafeMeds that were paid to Prevalence

CASE NAME: Prevulence Health  
 CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month	Month
12/09-12/10	12/09-12/10	12/10-12/10	2/10-2/10	3/10-3/10	4/10-4/10	5/10-5/10	
<b>NET REVENUE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>COST OF GOODS SOLD:</b>	<b>*</b>						
Material							
Labor - Direct							
Manufacturing Overhead							
<b>TOTAL COST OF GOODS SOLD:</b>	<b>33760</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GROSS PROFIT:</b>	<b>(33760)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OPERATING EXPENSES:</b>							
Selling and Marketing							
General and Administrative (rents, utilities, salaries, etc.)	<b>*</b>	<b>13,150</b>	<b>13,901</b>	<b>38,647</b>	<b>28,099</b>	<b>625</b>	<b>8259</b>
Other							
<b>TOTAL OPERATING EXPENSES</b>	<b>13,150</b>	<b>13,901</b>	<b>38,647</b>	<b>28,099</b>	<b>625</b>	<b>8259</b>	
<b>INTEREST EXPENSE</b>	<b>549</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>INCOME BEFORE DEPRECIATION OR TAXES:</b>	<b>(47,459)</b>	<b>(13,901)</b>	<b>(38,647)</b>	<b>(28,099)</b>	<b>(12,40)</b>	<b>(7,897)</b>	
<b>DEPRECIATION OR AMORTIZATION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>EXTRAORDINARY EXPENSES * <i>Am. / Sale of Assets</i></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(19,454)</b>		
<b>INCOME TAX EXPENSE (BENEFIT)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>NET INCOME (LOSS)</b>	<b>(47,459)</b>	<b>(13,901)</b>	<b>(38,647)</b>	<b>(28,099)</b>	<b>(19,854)</b>	<b>(7899)</b>	

\* Requires explanation in NARRATIVE (Form 2-F)

\* Cost of sales for SafeMeds' benefit – reimbursed by SafeMeds

\*\* Includes COS expenses for SafeMeds – reimbursed by SafeMeds, plus disputed billings by third parties.

CASE NAME: Prevalence Health LLC  
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month	Month
<u>6/10/09 - 6/30/09</u>	<u>7/1/09 - 7/31/09</u>	<u>8/1/09 - 8/31/09</u>	<u>9/1/09 - 9/30/09</u>	<u>10/1/09 - 10/31/09</u>	<u>11/1/09 - 11/30/09</u>	<u>12/1/09 - 12/31/09</u>	<u>1/1/10 - 1/31/09</u>
<u>1,234,205</u>	<u>1,136,933</u>	<u>1,051,684</u>	<u>980,153</u>	<u>495,70</u>	<u>0</u>		
<u>NET REVENUE</u>	<u>948,373</u>	<u>880,562</u>	<u>816,815</u>	<u>31,379</u>	<u>495,70</u>	<u>0</u>	
<u>COST OF GOODS SOLD:</u>							
Material							
Labor - Direct							
Manufacturing Overhead							
<u>TOTAL COST OF GOODS SOLD:</u>	<u>1,029,341</u>	<u>948,373</u>	<u>880,562</u>	<u>816,815</u>	<u>31,379</u>	<u>495,70</u>	<u>0</u>
<u>GROSS PROFIT:</u>	<u>323,598</u>	<u>291,324</u>	<u>211,439</u>	<u>205,451</u>	<u>46,513</u>	<u>45,536</u>	
<u>OPERATING EXPENSES:</u>							
Selling and Marketing							
General and Administrative (rents, utilities, salaries, etc.)							
Other							
<u>TOTAL OPERATING EXPENSES</u>	<u>1,491</u>	<u>1,486</u>	<u>615</u>	<u>287</u>	<u>202</u>		
<u>INTEREST EXPENSE</u>	<u>112,734</u>	<u>104,255</u>	<u>41,805</u>	<u>136,728</u>	<u>28,609</u>	<u>244,513</u>	
<u>INCOME BEFORE DEPRECIATION OR TAXES</u>	<u>8745</u>	<u>8412</u>	<u>8240</u>	<u>7955</u>	<u>0</u>	<u>0</u>	
<u>DEPRECIATION OR AMORTIZATION</u>							
<u>Gain, Loss, or Change in Assets</u>							
<u>Extraordinary Expenses</u>							
<u>INCOME TAX EXPENSE (BENEFIT)</u>							
<u>NET INCOME (LOSS)</u>	<u>131,499</u>	<u>112,667</u>	<u>50,045</u>	<u>255,967</u>	<u>4664</u>	<u>244,513</u>	

\* Adjustments from May 31, 2009 to June 9, 2009 are not available.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period 5/1 to 5/31, 2010

**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report)	<u>\$1,371,449</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 556670</u>
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$(567303)</u>
4. Net Cash Flow	<u>\$ _____</u>
5. Ending Cash Balance (to FORM 2-B)	<u>\$ 1,360,816</u>

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ _____	Regions
2. Trust Account DIR Acct	<u>\$ 118</u>	Regions
3. Operating and/or Personal Account	<u>\$ 422,878</u>	Regions
4. Payroll Account	\$ _____	Regions
5. Tax Account	\$ _____	Regions
6. Other Accounts (Specify checking or savings) Sales Proceeds	<u>\$ 937,820</u>	Regions
7. Cash Collateral Account	\$ _____	Regions
8. Petty Cash	\$ _____	Regions
TOTAL (must agree with line 5 above)	<u>\$ 1,360,816</u>	

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less  
inter-account transfers & UST fees paid \$ 567203 \*

567303 Tot. Disb  
567203 100 IAC Transfer

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASENAME: Prev. once Health CASE NUMBER: 09-02016-ee

**QUARTERLY PEE SUMMARY**

MONTH ENDED 4/30/10 5/31/10

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ <u>499,937</u>			
February	\$ <u>763,379</u>			
March	\$ <u>601,386</u>			
Total				
1st Quarter	\$ <u>1,864,702</u>	\$ <u>6,500</u>	<u>3</u>	<u>4/20/10</u>
April	\$ <u>436,370</u>			
May	\$ <u>507,203</u>			
June				
Total				
2nd Quarter	\$ _____	\$ _____		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

**DISBURSEMENT CATEGORY QUARTERLY FEE DUE**

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\*Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**QUARTERLY FEE SUMMARY**

MONTH ENDED \_\_\_\_\_

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____ \$			
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u> *	<u>61179</u>	<u>7/20/09</u>
July	\$ <u>1,309,312</u>			
August	\$ <u>1,070,434</u>			
September	\$ <u>920,721</u>			
Total				
3rd Quarter	\$ <u>3,300,407</u>	\$ <u>10,400</u>	<u>61390</u>	<u>10/16/09</u>
October	\$ <u>488,995</u>			
November	\$ <u>472,141</u>			
December	\$ <u>606,241</u>			
Total				
4th Quarter	\$ <u>1,567,217</u>	\$ <u>6,500</u>	<u>61430</u>	<u>3/8/10</u>

\* Actually Paid  
6,500

\* Actually paid \$8,775  
to make up  
for overpay  
in 2nd Qtr.

**DISBURSEMENT CATEGORY QUARTERLY FEE DUE**

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 51 to 131, 2019

Account Name: Prevalence Health Account Number: 9001Z 77993

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date	Description (Source)	Amount
------	----------------------	--------

*See Attached*

Total Cash Receipts \$ 556,210

**Prevalence Health LLC**

Cash Deposits

Type	Date	Description / Source	Amount
Deposit	5/4/2010	Patient Co-Pay	\$332.12
Deposit	5/4/2010	Insurance / Medicaid / Medicare	\$16.03
Deposit	5/4/2010	Insurance / Medicaid / Medicare	\$8,353.75
Deposit	5/4/2010	Insurance / Medicaid / Medicare	\$12,971.17
Deposit	5/5/2010	Patient Co-Pay	\$141.75
Deposit	5/5/2010	Patient Co-Pay	\$194.30
Deposit	5/5/2010	Insurance / Medicaid / Medicare	\$12,983.28
Deposit	5/6/2010	Patient Co-Pay	\$25.20
Deposit	5/6/2010	SafeMeds Reimbursement	\$6,606.79
Deposit	5/6/2010	Insurance / Medicaid / Medicare	\$898.70
Deposit	5/6/2010	Insurance / Medicaid / Medicare	\$6,606.79
Deposit	5/7/2010	Patient Co-Pay	\$6.30
Deposit	5/7/2010	Patient Co-Pay	\$511.20
Deposit	5/7/2010	Insurance / Medicaid / Medicare	\$3,637.17
Deposit	5/7/2010	Insurance / Medicaid / Medicare	\$5,387.99
Deposit	5/7/2010	Insurance / Medicaid / Medicare	\$10,352.74
Deposit	5/10/2010	Patient Co-Pay	\$25.01
Deposit	5/10/2010	Patient Co-Pay	\$49.48
Deposit	5/10/2010	Patient Co-Pay	\$532.83
Deposit	5/10/2010	Insurance / Medicaid / Medicare	\$108.40
Deposit	5/10/2010	Insurance / Medicaid / Medicare	\$3,374.57
Deposit	5/10/2010	Insurance / Medicaid / Medicare	\$134,508.28
Deposit	5/11/2010	Patient Co-Pay	\$562.24
Deposit	5/11/2010	SafeMeds Reimbursement	\$5,400.00
Deposit	5/11/2010	Insurance / Medicaid / Medicare	\$369.16
Deposit	5/11/2010	Insurance / Medicaid / Medicare	\$7,479.20
Deposit	5/12/2010	Patient Co-Pay	\$6.30
Deposit	5/12/2010	Insurance / Medicaid / Medicare	\$50.20
Deposit	5/13/2010	Patient Co-Pay	\$64.10
Deposit	5/13/2010	Insurance / Medicaid / Medicare	\$5,281.73
Deposit	5/13/2010	Insurance / Medicaid / Medicare	\$79,122.63
Deposit	5/14/2010	Patient Co-Pay	\$369.47
Deposit	5/14/2010	Insurance / Medicaid / Medicare	\$6,987.34
Deposit	5/14/2010	Refund from SafeMeds for Stop Payment	\$4,637.85
Deposit	5/14/2010	Insurance / Medicaid / Medicare	\$2,289.52
Deposit	5/14/2010	Insurance / Medicaid / Medicare	\$16,325.72
Deposit	5/17/2010	Insurance / Medicaid / Medicare	\$592.67
Deposit	5/17/2010	Insurance / Medicaid / Medicare	\$9,062.45
Deposit	5/17/2010	Insurance / Medicaid / Medicare	\$6,805.45
Deposit	5/17/2010	Insurance / Medicaid / Medicare	\$1,793.67
Deposit	5/17/2010	Patient Co-Pay	\$40.00
Deposit	5/17/2010	Patient Co-Pay	\$333.75
Deposit	5/17/2010	Patient Co-Pay	\$546.36
Deposit	5/17/2010	Insurance / Medicaid / Medicare	\$3,798.82
Deposit	5/18/2010	Insurance / Medicaid / Medicare	\$13,609.12
Deposit	5/19/2010	Patient Co-Pay	\$2.61
Deposit	5/19/2010	Refund from SafeMeds for Stop Payment	\$4,637.85
Deposit	5/20/2010	Insurance / Medicaid / Medicare	\$11,160.41
Deposit	5/20/2010	Patient Co-Pay	\$44.89
Deposit	5/20/2010	Patient Co-Pay	\$327.88
Deposit	5/20/2010	Insurance / Medicaid / Medicare	\$1,816.66
Deposit	5/20/2010	Insurance / Medicaid / Medicare	\$150.70
Deposit	5/20/2010	Insurance / Medicaid / Medicare	\$12,816.58
Deposit	5/21/2010	Patient Co-Pay	\$94.43
Deposit	5/21/2010	Patient Co-Pay	\$393.30
Deposit	5/21/2010	Insurance / Medicaid / Medicare	\$6,562.57
Deposit	5/21/2010	Insurance / Medicaid / Medicare	\$33,604.26
Deposit	5/24/2010	Patient Co-Pay	\$115.04

Type	Date	Description / Source	Amount
Deposit	5/24/2010	Insurance / Medicaid / Medicare	\$9.65
Deposit	5/25/2010	Insurance / Medicaid / Medicare	\$5,388.88
Deposit	5/25/2010	Patient Co-Pay	\$1,054.77
Deposit	5/25/2010	Insurance / Medicaid / Medicare	\$14,338.77
Deposit	5/25/2010	Insurance / Medicaid / Medicare	\$7,118.09
Deposit	5/25/2010	Insurance / Medicaid / Medicare	\$10,130.26
Deposit	5/26/2010	Patient Co-Pay	\$87.98
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$14,503.24
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$172.11
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$174.92
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$4,484.74
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$2,399.07
Deposit	5/27/2010	Insurance / Medicaid / Medicare	\$27,602.99
Deposit	5/28/2010	Patient Co-Pay	\$75.30
Deposit	5/28/2010	Insurance / Medicaid / Medicare	\$9,904.91
Deposit	5/28/2010	Misc deposit	\$177.00
Deposit	5/28/2010	Insurance / Medicaid / Medicare	<u>\$13,708.74</u>
			<b>\$556,210.20</b>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

## CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 5/1 to 5/31, 2010

Account Name: Prevalence Health Account Number: 9001277993

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

**Prevalence Health LLC**

Cash Disbursements

Date	Num	Vendor	Reason	Amount
5/3/2010	EFT 5/3/2010	Pitney B	INTERNAL USE ONLY Reimbursed by SafeMeds	(\$1,000.00)
5/3/2010	EFT 5/3/2010	2 Regions Bank	Bank Fees	(\$85.80)
5/4/2010	EFT 5/4/2010	SafeMeds Solutions	AR Collections	(\$25,026.13)
5/4/2010	EFT 5/4/2010	2 Pitney Bowes-INTERNAL USE ONLY	Reimbursed by SafeMeds	(\$215.00)
5/5/2010	EFT 5/5/10	SafeMeds Solutions	AR Collections	(\$21,673.07)
5/6/2010	EFT 5/6/10	SafeMeds Solutions	AR Collections	(\$19,926.12)
5/6/2010	EFT 5/6/10	1 SafeMeds Solutions	AR Collections	(\$6,606.79)
5/7/2010	EFT 5/7/10	SafeMeds Solutions	AR Collections	(\$10,352.74)
5/10/2010	EFT 5/10/10	SafeMeds Solutions	AR Collections	(\$10,460.26)
5/10/2010	EFT 5/10/2010	Regions Bank	Bank Fees	(\$365.43)
5/11/2010	EFT 5/11/10	SafeMeds Solutions	AR Collections	(\$138,598.57)
5/12/2010	EFT 5/12/10	SafeMeds Solutions	AR Collections	(\$8,410.60)
5/13/2010	EFT 5/13/10	SafeMeds Solutions	AR Collections	(\$79,122.63)
5/13/2010		Regions Bank	Returned Deposit	(\$4,637.23)
5/14/2010	EFT 5/14/10	SafeMeds Solutions	AR Collections	(\$5,402.33)
5/18/2010	EFT 5/18/2010	Regions Bank	Bank Fees	(\$100.00)
5/19/2010	EFT 5/19/10	SafeMeds Solutions	AR Collections	(\$66,623.43)
5/20/2010	EFT 5/20/10	SafeMeds Solutions	AR Collections	(\$12,816.58)
5/21/2010	EFT 5/21/10	SafeMeds Solutions	AR Collections	(\$13,500.54)
5/24/2010	EFT 5/24/10	SafeMeds Solutions	AR Collections	(\$40,655.16)
5/28/2010	EFT 5/28/10	SafeMeds Solutions	AR Collections	(\$87,580.51)
5/28/2010	EFT 5/28/10	2 SafeMeds Solutions	AR Collections	(\$13,708.74)
5/28/2010	EFT 5/28/10	3 Amerisource	Reimbursed by SafeMeds	(\$336.01)
5/31/2010	949		Transfer to DIP Account	(\$100.00)
				<u>(\$567,303.67)</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

## **CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 5/1 to 5/31, 2010

Account Name: Prevalence Health Account Number: 0101894579  
DIFP Account

## CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

Date	Description (Source)	Amount
5/18	Transfer from operating Acct	100.

Total Cash Receipts \$ 100.00

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 5/1 to 5/31, 2010

Account Name: Prevalence Health Account Number: 0101894579  
DIY Acct

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence Health

CASE NUMBER: 09-02016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 5/1 to 5/31, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale MM

**CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

Date	Description (Source)	Amount
<u>5/25</u>	<u>Interest Earned</u>	<u>360</u>
Total Cash Receipts		\$ <u>360</u>

CASE NAME: Prevalence Health

CASE NUMBER: 09-62016-ee

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 5/1 to 5/31, 2010

Account Name: Prevalence Health Account Number: 0121078971  
Asset Sale MM

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ 0

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Prevalence

CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period 5/1 to 5/31, 2010

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS			\$	\$	\$	\$

*See Attached*

FORM 2-E  
Page 1 of 3  
1/08

**Prevalence Health, LLC**  
**Post Petition Accounts Payable**  
**May 31, 2010**

Vendor	Entered Date	Entered No.	Due Date	Age	Open Balance	Memo
Advocate Solutions	6/15/2009	2032	6/15/2009	350	\$664.00	120+
Williams Montgomery & John Ltd.	6/15/2009	155576	6/15/2009	350	\$2,749.36	120+
<b>Westwood Square, P/S/P</b>	6/20/2009		6/20/2009	345	\$250.00	120+
Hamilton Partners	6/20/2009		6/20/2009	345	\$14,769.94	120+
Avaya, Inc.	6/26/2009	2728939466	6/26/2009	339	\$761.49	120+
Wells Fargo Financial Leasing	6/30/2009	674512152	7/15/2009	335	\$298.03	120+
Anda	7/11/2009	774707	7/1/2009	334	(\$48.43)	120+
Anda	7/1/2009	775310	7/1/2009	334	(\$47.54)	120+
Anda	7/2/2009	780875	7/2/2009	333	(\$30.00)	120+
Hamilton Partners	7/2/2009	090702-10	7/2/2009	333	\$2,080.33	120+
Young Williams P.A.	7/7/2009	49592 Pre	91512009	328	\$1,011.50	120+
ComEd- Commonwealth Edison	7/8/2009	6/8-7/8/09	8/7/2009	327	\$479.16	120+
Broward County Revenue Collector	7/14/2009	Local Busir	7/14/2009	321	\$45.00	120+
North Shore Gas	7/16/2009	6/12-7/14/C	7/31/2009	319	\$69.30	120+
Toyota Financial Services	7/17/2009	4000250558	9/9/2009	318	\$207.09	120+
Hamilton Partners	7/17/2009	090717-10	7/17/2009	318	\$633.01	120+
<b>Westwood Square, P/S/P</b>	7/20/2009		7/20/2009	315	\$250.00	120+
Hamilton Partners	7/20/2009		7/20/2009	315	\$14,769.94	120+
Banc Of America Leasing	7/21/2009	011093620	8/11/2009	314	\$326.50	120+
Avaya, Inc.	7/26/2009	272904734	7/26/2009	309	\$761.48	120+
North Shore Gas	7/30/2009	619-7114/08	8/11/2009	305	\$69.26	120+
Journal	7/31/2009	854	7/31/2009	304	(\$7,782.84)	120+
Wells Fargo Financial Leasing	7/31/2009	674515952	8/11/2009	304	\$298.03	120+
Aetna Maintenance, Inc.	8/1/2009	82761	8/31/2009	303	\$500.32	120+
ComEd- Commonwealth Edison	8/6/2009	7/8-8/6/09	9/5/2009	298	\$1,135.03	120+
North Shore Gas	8/11/2009	7114-8/12/C	8/28/2009	291	\$140.69	120+
<b>Westwood Square, P/S/P</b>	8/12/2009		8/20/2009	284	\$250.00	120+
Hamilton Partners	8/20/2009		8/20/2009	284	\$14,769.94	120+
Banc Of America Leasing	8/21/2009	011138583	9/15/2009	283	\$291.50	120+
Young Williams P.A.	8/24/2009	49592 Posi	10/23/2009	280	\$74.75	120+
Avaya, Inc.	8/26/2009	272916464	8/26/2009	278	\$761.48	120+
Quill	8/28/2009	8951299	9/27/2009	276	\$110.85	120+
Wells Fargo Financial Leasing	8/31/2009	674519823	9/15/2009	273	\$298.03	120+
Aetna Maintenance, Inc.	9/11/2009	92762	10/11/2009	272	\$500.32	120+
CT Corporation	9/1/2009	2004471659	1/1/2009	272	\$1,620.00	120+
Quill	9/3/2009	9080458	10/3/2009	270	\$72.79	120+
ComEd- Commonwealth Edison	9/4/2009	816-9/4/09	10/14/2009	269	\$1,608.16	120+
North Shore Gas	9/16/2009	8/12-9/14/C	10/11/2009	257	\$70.44	120+
<b>Westwood Square, P/S/P</b>	9/20/2009		9/20/2009	253	\$250.00	120+
Banc Of America Leasing	9/20/2009		10/15/2009	253	\$291.50	120+
Hamilton Partners	9/20/2009		9/20/2009	253	\$14,769.94	120+
Avaya, Inc.	9/26/2009	272926517	9/26/2009	247	\$761.48	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	873050230	10/29/2009	244	\$134.50	120+
Moore Wallace An RR Donnelley Co.	9/29/2009	169997267	10/29/2009	244	\$1,313.09	120+
Wells Fargo Financial Leasing	9/30/2009	674523764	10/15/2009	243	\$298.03	120+
Avaya, Inc.	10/1/2009	272928214	10/11/2009	242	\$264.42	120+
Aetna Maintenance, Inc.	10/1/2009	105711	10/31/2009	242	\$500.32	120+
ComEd- Commonwealth Edison	10/6/2009	914-10/6/09	11/5/2009	237	\$2,051.14	120+
North Shore Gas	10/14/2009	9114-10/14	10/29/2009	229	\$287.75	120+
Sun Microsystems Global Financial Services	10/15/2009	591219022	10/15/2009	228	(\$1,579.44)	120+
<b>Westwood Square, P/S/P</b>	10/20/2009		10/20/2009	223	\$250.00	120+
<b>Machost Road LLC</b>	10/20/2009		10/20/2009	223	\$1,600.00	120+
Hamilton Partners	10/20/2009		10/20/2009	223	\$14,769.94	120+
Banc Of America Leasing	10/21/2009	11226721	11/15/2009	222	\$291.50	120+
Wells Fargo Financial Leasing	10/30/2009	674527768	11/11/2009	213	\$298.03	120+
City of Zachary	11/6/2009	02-007604111	10/26/2009	206	\$9.81	120+
Banc Of America Leasing	12/21/2009	011311429	11/15/2010	161	\$343.00	120+
Securian Retirement Services	1/1/2010	01012010/	1/1/2010	150	\$571.00	120+

\$92,264.92

**Prevalence Health, LLC**  
**Accrued Expenses - Month End Accruals**  
**May 2010**

<u>Description</u>	<u>Amount</u>
Misc Accrual	7,284.00
US Trustee Fee	2,200.00
2008 Audit & Tax Return	4,979.00
2008 FL operating expenses - Rent	134.00
ABC Interest Post	1,278.00
LA Script Fee	934.00
AR Collections Owed to SafeMeds Solutions	9,980.00
401k Admin Fees	2,310.00
Total Accrued Expenses	<u>29,099.00</u>
Balance per GL	<u>29,099.00</u>
Difference	_____

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

**SUPPORTING SCHEDULES**

For Period 5/1 to 5/31, 2010

## ACCOUNTS RECEIVABLE AGING REPORT

See Attached

6/18/2010

Prevalence Health, LLC  
Accounts Receivable Summary  
May 31 2010

Receivable from:	Current	346 0	61-90	91 120	120+	Total
Insurance (Medicaid)	\$ -	69	-	69	-	69
Patients (Co-Pay)	-	-	-	-	-	207,279
Total Accounts Rec	<u>\$ -</u>	<u>69</u>	<u>-</u>	<u>69</u>	<u>-</u>	<u>283,292</u>
						283,292
						207,279
Estimated Reserve	-	-	-	-	-	490,571
Insurance	0.25%	0.25%	2.0 %	5.0 %	348,925	348,925
Patients	25.0%	50.0%	10.0 %	10.0 %	50.0%	100.0%
AR per ScriptMed	\$ 490,571					
Deposits in NetSuite not ScriptMed						
Not in Amount Due SafeMeds						
Difference in MS Medicaid						
Rec Vs Posted						
Adjusted AR per ScriptMed	<u>490,571</u>					
AR per GL	<u>490,571</u>					
Difference	<u>-</u>					

B:\2010 Reconciliations\2010 AR Aging Analysis.xls

Prepared by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**Prevalence Health**  
**AR Aging - 5/31/2010**

<u>Plan</u>	<u>Total</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>120+</u>
Aetna Part D- LA	36.00					36.00
Ameri Group- FL	261.00					261.00
American Prog Part D- FL	1,200.00					1,200.00
Community Care Part D- FL	2,112.00					2,112.00
Community Care Part D- LA	2,562.00					2,562.00
Coventry Part D- LA	113.00					113.00
Florida Medicaid	21,082.00					21,082.00
Florida Medicaid DME	48,959.00					48,959.00
Healthspring Part D- LA	1,974.00					1,974.00
Hurnana Part D- FL	3,945.00					3,945.00
Humana Part D- LA	579.00					579.00
Illinois Medicaid	9,999.00					9,999.00
Indiana Medicaid	927.00					927.00
Louisiana Medicaid	47,498.00					47,498.00
MS Blue Cross LA/MS	588.00					588.00
Medco Part D- FL	20.00					20.00
Medco Part D- LA	1,800.00					1,800.00
Member Health Part D- FL	1,843.00					1,843.00
Member Health Part D- LA	3,011.00					3,011.00
Marquette National Part D- FL	706.00					706.00
Marquette National Part D- LA	256.00					256.00
Mississippi Medicaid	16,055.00					16,055.00
Mississippi Med Supplies	66,470.00					66,470.00
NDC Part D- LA	31.00					31.00
Omnisys Medicare- IL	31,562.00					31,562.00
Pacificare Part D-FL	2,501.00					2,501.00
Pacificare Part D- LA	1,604.00					1,604.00
Pacificare Wrap Part D- LA	577.00					577.00
Amerigroup PCS- FL	1,306.00					1,306.00
POS Temp Payment Part D- LA	74.00					74.00
RX America Part D- LA	257.00					257.00
Silverscript Part D- LA	1,004.00					1,004.00
Tennessee Medicaid	1,519.00					1,519.00
United Healthcare- FL	156.00					156.00
Unicare Part D- FL	4,548.00					4,548.00
Unicare Part D- LA	136.00					136.00
Wellcare Healthease	2,125.00					2,125.00
Wellcare Part D- FL	3,355.00					3,355.00
Wellcare Part D- LA	541.00					541.00
<b>Total</b>	<b>283,292.00</b>					<b>283,292.00</b>

CASE NAME: Prevalence Health CASE NUMBER: 09-02016-ee

## **SUPPORTING SCHEDULES**

For Period S 1 to S/31, 2010

## INSURANCE SCHEDULE

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation				
General Liability				
Property (Fire, Theft)				
Vehicle				
Other (list):				
D+O	Darwin National	3,000,000	3/1/11	Yes

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## NARRATIVE STATEMENT

For Period \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

1

ACCOUNT # 0121078971

Cycle	001
Enclosures	26
Page	0
	1 of 1

### BUSINESS MONEY MARKET

April 1, 2010 through May 28, 2010

#### SUMMARY

Beginning Balance	\$937,075.59	Minimum Balance	\$937,460
Deposits & Credits	\$0.00	+	\$937,460
Net Interest Earned	\$744.82	+	0.50%
Withdrawals	\$0.00	-	\$744.82
Fees	\$0.00	-	\$937,261.54
Automatic Transfers	\$0.00	+	\$3,290.93
Checks	\$0.00		
Ending Balance	\$937,820.41		

#### INTEREST

04/30	Interest Payment	385.18
05/28	Interest Payment	359.64

Total Net Interest \$744.82

#### DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
04/30	937,460.77	05/28	937,820.41		

PRICING FOR TREASURY MANAGEMENT AND  
DEPOSITORY PRODUCTS AND SERVICES HAS  
BEEN MODIFIED. THIS AMENDED PRICING IS  
EFFECTIVE MAY 1, 2010, AND WILL BE  
REFLECTED IN YOUR JUNE STATEMENT. PLEASE  
CONTACT YOUR TREASURY MANAGEMENT SALES  
OFFICER SHOULD YOU HAVE QUESTIONS  
SPECIFIC TO YOUR ACCOUNT.

For all your banking needs, please call 1-800-REGIONS (734-4667),  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!

## Easy Steps to Balance Your Account

Checking Account	
1.	Write here the amount shown on statement for <b>ENDING BALANCE</b> \$
2.	Enter any deposits which have not been credited on this statement.      \$ + =
3.	Total lines 1 & 2      \$ =
4.	Enter total from 4a (column on right side of page)      \$ - =
5.	Subtract line 4 from line 3. This should be your checkbook balance.      \$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

## Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers

For Errors or Questions About Your Electronic  
Telephone, us toll-free at 1-800-444-2867

(or, if in Birmingham area, 326-5667)

or write us at

Regions Electronic Funds Transfer Services  
Post Office Box 413  
Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and we will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

THE PHONE NUMBER ON THE REVERSE SIDE OF THE STATEMENT IS A  
RI - Return Item CR - Credit SC - Service Charge OD -Overdrawn  
NCF - Non-Cash Funds APY - Annual Percentage Yield FWT - Federal Withholding Tax  
FD - Funds Due Break in Number Sequence

EB - Electronic Banking NSF - Nonufficient Funds APY - Annual Percentage Yield FWT - Federal Withholding Tax Break In Number Sequences



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
4270 I 55 N STE 102  
JACKSON MS 39211-6394

ACCOUNT # 0101894579

001  
26  
0  
Cycle  
Enclosures  
Page 1 of 1

### COMMERCIAL ANALYZED CHECKING

May 1,2010 through May 28,2010

#### SUMMARY

Beginning Balance	\$18.11	Minimum Balance	\$1-
Deposits & Credits	\$100.00	+	
Withdrawals	\$0.00	-	
Fees	\$20.00	-	
Automatic Transfers	\$0.00	+	
Checks	\$0.00	-	
<b>Ending Balance</b>	<b>\$98.11</b>		

115

#### DEPOSITS & CREDITS

05118	Deposit - Thank You	100.00
-------	---------------------	--------

#### FEES

05110	Analysis Charge	04-10	20.00
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#### DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
05/10	1.89 -	05/18	98.11		

PRICING FOR TREASURY MANAGEMENT AND  
DEPOSITORY PRODUCTS AND SERVICES HAS  
BEEN MODIFIED. THIS AMENDED PRICING IS  
EFFECTIVE MAY 1, 2010, AND WILL BE  
REFLECTED IN YOUR JUNE STATEMENT. PLEASE  
CONTACT YOUR TREASURY MANAGEMENT SALES  
OFFICER SHOULD YOU HAVE QUESTIONS  
SPECIFIC TO YOUR ACCOUNT.

For all your banking needs, please call 1-800-REGIONS (734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!

## Easy Steps to Balance Your Account

		Checking Account
1.	Write here the amount shown on statement for <b>ENDING BALANCE</b>	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

## Summary of Our Error Resolution Procedures

In Case of Errors or Questions About Your Electronic Transfers  
Call 1-800-442-2227

Telephone us toll-free at 1-800-444-2867  
(in Calif. 800-558-2867, 226-5667)

(or, if in Birmingham area, 326-5667)  
or write us at

or write us at  
Koenig Funds, T

**Regions Electronic Funds Transfer Services  
Post Office Box 413**

Post Office Box 413  
Birmingham, Alabama 3

Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.  
(3) Telling the dollar amount of the suspected error.

(3) Tell us the dollar amount of the suspected error.  
If you tell us verbally, we may require that you send us

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

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FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

**Prevalence Health, LLC**  
**Reconciliation Detail - 1001 Regions**  
**As of 5/31/2010**

ID		Date	No.	Balance
<b>Reconciled</b>				
<b>Cleared Deposits and Other Credits</b>				
	Deposit	5/4/2010		12,971.17
	Deposit	5/4/2010		332.12
	Deposit	5/4/2010		8,353.75
	Deposit	5/4/2010		16.03
	Deposit	5/5/2010		141.75
	Deposit	5/5/2010		12,983.28
	Deposit	5/5/2010		194.30
	Deposit	5/6/2010		6,606.79
	Deposit	5/6/2010		6,606.79
	Deposit	5/6/2010		25.20
	Deposit	5/6/2010		898.70
	Deposit	5/7/2010		6.30
	Deposit	5/7/2010		10,352.74
	Deposit	5/7/2010		9,025.16
	Deposit	5/7/2010		511.20
	Deposit	5/10/2010		108.40
	Deposit	5/10/2010		137,882.85
	Deposit	5/10/2010		532.83
	Deposit	5/10/2010		49.48
	Deposit	5/10/2010		25.01
	Deposit	5/11/2010		7,479.20
	Deposit	5/11/2010		5,400.00
	Deposit	5/11/2010		369.16
	Deposit	5/11/2010		562.24
	Deposit	5/12/2010		50.20
	Deposit	5/12/2010		6.30
	Deposit	5/13/2010		64.10
	Deposit	5/13/2010		79,122.63
	Deposit	5/13/2010		5,281.73
	Deposit	5/14/2010		4,637.85
	Deposit	5/14/2010		369.47
	Deposit	5/14/2010		16,325.72
	Deposit	5/14/2010		9,276.86
	Deposit	5/17/2010		333.75
	Deposit	5/17/2010		546.36
	Deposit	5/17/2010		22,030.66
	Deposit	5/17/2010		40.00
	Deposit	5/18/2010		13,609.12
	Deposit	5/19/2010		4,637.85
	Deposit	5/19/2010		2.61
	Deposit	5/20/2010		12,816.58
	Deposit	5/20/2010		44.89
	Deposit	5/20/2010		1,816.66
	Deposit	5/20/2010		327.88
	Deposit	5/20/2010		11,311.11
	Deposit	5/21/2010		393.30
	Deposit	5/21/2010		33,604.26
	Deposit	5/21/2010		6,562.57
	Deposit	5/21/2010		94.43
	Deposit	5/24/2010		9.65
	Deposit	5/24/2010		115.04
	Deposit	5/25/2010		22,637.23

ID	Date	No.	Balance
Deposit	5/25/2010		1,054.77
Deposit	5/25/2010		14,338.77
Deposit	5/26/2010		87.98
Deposit	5/27/2010		172.11
Deposit	5/27/2010		2,399.07
Deposit	5/27/2010		46,765.89
Deposit	5/28/2010		75.30
Deposit	512812010		9,904.91
Deposit	5/28/2010		13,708.74
<b>Total - Cleared Deposits and Other Credits</b>			<b>556,010.80</b>
<b>Cleared Checks and Payments</b>			
Check	5/22/2009	EFT 05 22 09	(200.00)
Bill Payment	4/26/2010	61434	(6,500.00)
Check	5/3/2010	EFT 5/3/20102	(85.80)
Check	5/3/2010	EFT 5/3/2010	(1,000.00)
Check	5/4/2010	EFT 5/4/2010 2	(215.00)
Check	5/4/2010	EFT 5/4/2010	(25,026.13)
Check	5/5/2010	EFT 5/5/10	(21,673.07)
Check	5/6/2010	EFT 5/6/10	(19,926.12)
Check	5/6/2010	EFT 5/6/10 1	(6,606.79)
Check	5/7/2010	EFT 5/7/10	(10,352.74)
Check	5/10/2010	EFT 5/10/2010	(365.43)
Check	5/10/2010	EFT 5/10/10	(10,460.26)
Check	5/11/2010	EFT 5111110	(138,598.57)
Check	5/12/2010	EFT 5/12/10	(8,410.60)
Check	5/13/2010	EFT 5/13/10	(79,122.63)
Check	5/13/2010		(4,637.23)
Check	5/14/2010	EFT 5/14/10	(5,402.33)
Check	5/18/2010	EFT 5118/2010	(100.00)
Check	5/19/2010	EFT 5/19/10	(66,623.43)
Check	5/20/2010	EFT 5/20/10	(12,816.58)
Check	5/21/2010	EFT 5/21/10	(13,500.54)
Check	5/24/2010	EFT 5/24/10	(40,655.16)
Check	5/28/2010	EFT 5/28/10	(87,580.51)
Check	5/28/2010	EFT 5/28/10 2	(13,708.74)
Check	5/28/2010	EFT 5/28/10 3	(336.01)
<b>Total - Cleared Checks and Payments</b>			<b>(573,903.67)</b>
<b>Total - Reconciled</b>			<b>(17,892.87)</b>
Last Reconciled Statement Balance - 4/30/2010			444,123.47
Current Reconciled Balance			426,230.60
Reconcile Statement Balance - 5/31/2010			426,230.60
Difference			0.00
<b>Unreconciled</b>			
<b>Uncleared</b>			
<b>Checks and Payments</b>			
Bill Payment	12/29/2008	60354	(500.00)
Bill Payment	1/5/2009	60429	(564.00)
Bill Payment	3/4/2009	60694	(658.40)
Bill Payment	3/9/2009	60704	(309.37)
Bill Payment	4/7/2009	60814	(300.00)
Bill Payment	5/26/2009	61018	(54.00)
Bill Payment	6/5/2009	61061	(18.90)
Bill Payment	6/9/2009	61063	(770.00)
Bill Payment	11/23/2009	61423	(25.00)
Bill Payment	11/23/2009	61424	(1,579.44)
<b>Total - Checks and Payments</b>			<b>(4,779.11)</b>
<b>Total - Uncleared</b>			<b>(4,779.11)</b>
<b>Cleared</b>			

ID	Date	No.	Balance
<b>Deposits and Other Credits</b>			
Journal	12/31/2007		1,577.64
Total - Deposits and Other Credits			1,577.64
Total - Cleared			1,577.64
Total as of 5/31/2010			423,029.13
			<u>- 151 my</u>
			422,878

**Prevalence Health, LLC**  
**Reconciliation Summary - 1001 Regions**  
**As of 513112010**

ID	Balance
<b>Reconciled</b>	
Cleared Deposits and Other Credits	556,010.80
Cleared Checks and Payments	(573,903.67)
<b>Total - Reconciled</b>	<b>(17,892.87)</b>
Last Reconciled Statement Balance - 4/30/2010	444,123.47
Current Reconciled Balance	426,230.60
Reconcile Statement Balance - 5/31/2010	426,230.60
<b>Difference</b>	<b>0.00</b>
<b>Unreconciled</b>	
<b>Uncleared</b>	
Checks and Payments	(4,779.11)
<b>Total - Uncleared</b>	<b>(4,779.11)</b>
<b>Cleared</b>	
Deposits and Other Credits	1,577.64
<b>Total - Cleared</b>	<b>1,577.64</b>
<b>Total as of 5/31/2010</b>	<b>423,029.13</b>

# Download of Regions Bank Statement

Date	Account Num	Account Name	Beginning Balance	Deposits and Checks and C/Unreported Credits	Ending Balance
5/3/2010	9001277993	Prevalence Health	444,123.47	556,011.40	573,904.29 - 426,230.58
				<u>BAI Code</u>	<u>Detail</u>
	5/3/2010	9001277993 Prevalence Health	Prauthorized ACH Debit	BAI-455	Serial Num
	5/3/2010	9001277993 Prevalence Health	Prauthorized ACH Debit	BAI-455	23012433125
	5/3/2010	9001277993 Prevalence Health	Check Paid	BAI-475	23013230114
	5/4/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	6,1434
	5/4/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	(85.80)
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(6,500.00)
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	8,353.75
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	16,03
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	12,971.17
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	332.12
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(25,026.13)
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(215.00)
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	141.75
	5/4/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	12,983.28
	5/5/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	194.30
	5/5/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(21,673.07)
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	6,606.79
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	6,606.79
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	898.70
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	25.20
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	(19,926.12)
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	(6,606.79)
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	10,352.74
	5/6/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	6,30
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	9,025.16
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	511.20
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(10,352.74)
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	49.48
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	25.01
	5/7/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	137,882.85
	5/10/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	532.83
	5/10/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	108.40
	5/10/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(10,460.26)
	5/10/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	(365.43)
	5/11/2010	9001277993 Prevalence Health	Miscellaneous Fees	BAI-698	7,479.20
	5/11/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	5,400.00
	5/11/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	369.16
	5/11/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	562.24
	5/11/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-175	(138,598.57)
	5/11/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	50.20
	5/11/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	6.30
	5/11/2010	9001277993 Prevalence Health	Check Deposit Package	BAI-165	(8,410.60)
	5/12/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-455	79,122.63
	5/13/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	5,281.73
	5/13/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	64.10
	5/13/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	(79,122.63)
	5/13/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-455	(4,637.85)
	5/14/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	16,325.72
	5/14/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	4,637.85
	5/14/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-175	9,276.86
	5/14/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-455	369.47
	5/14/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	(5,402.33)
	5/17/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	333.75
	5/17/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	40.00
	5/18/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-165	13,609.12
	5/18/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-175	22,030.66
	5/18/2010	9001277993 Prevalence Health	Prauth ACH Credit	BAI-175	546.36

5/18/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	(200.00)	38008957820	PTNEY BOWES	POSTAGE	■ DEBTOR IN POSS 42906255
5/18/2010	90012777993	Prevalence Health	Miscellaneous Debit	BAI-699	(100.00)	39012102882	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/19/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	4,637.85	39005675746	MERCHANT SERVICE MERCHANT DEP	■ MS364174656 COOLEY /	
5/19/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	2.61	39012102523	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/19/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	(66,623.43)	40008877093	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/20/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	12,816.58	37021677707	ACS MS TITLE XIX SYSGEN-EFT	■ PREVALENCE HEA 00440949100515	
5/20/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	1,816.66	40002853007	MERCHANT SERVICE MERCHANT DEP	■ / HEALTH ALLIANC 8003547554 /	
5/20/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	44.89	40002853007			
5/20/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	11,311.11	40008877094	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/20/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	327.88	41009328285	MemberHealth CLN PAYMENT	■ / TedsMeds.Recei 2395036 /	
5/20/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	(12,816.58)	41009411004	MERCHANT SERVICE MERCHANT DEP	■ / HEALTH ALLIANC 8003547554 /	
5/21/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	6,562.57	33,604.26			
5/21/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	94.43	4101647980	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/21/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	393.90	44016208514	MERCHANT SERVICE MERCHANT DEP	■ / HEALTH ALLIANC 8003547554 /	
5/21/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	(13,500.54)	44015807002	State of III Commercial	■ / PREVALENCE AH7614068000855 /	
5/24/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	115.04	44024276465	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/24/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	9.65	450004815532	State of III Commercial	■ / PREVALENCE AH7632554003283 /	
5/25/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-165	(40,655.16)	46001729431	MERCHANT SERVICE MERCHANT DEP	■ / HEALTH ALLIANC 8003547554 /	
5/25/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	14,338.77	4402120493	ACS MS TITLE XIX SYSGEN-EFT	■ / PREVALENCE HEA 00440949100522 /	
5/25/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	22,637.23	47008950358	State of III Commercial	■ / 0000PREVALENCE AH764945001813 /	
5/26/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	1,054.77	48013573269	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/26/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	87.98	48013573269	MemberHealth CLN PAYMENT	■ / HEALTH ALLIANC 8003547554 /	
5/27/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	2,399.07	48006061634	MERCHANT SERVICE MERCHANT DEP	■ / PREVALENCE AH764945001813 /	
5/27/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	172.11	480013573384	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/27/2010	90012777993	Prevalence Health	Check Deposit Package	BAI-175	46,765.89	48013573266	REGIONS BANK	ACCT TRANS	■ MS364174656 COOLEY /
5/28/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	13,708.74	48013470284	WIRE TRANSFER	■ ARFC	
5/28/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	9,904.91				
5/28/2010	90012777993	Prevalence Health	Preauth ACH Credit	BAI-165	75.30				
5/28/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	(87,580.51)				
5/28/2010	90012777993	Prevalence Health	Preauthorized ACH Debit	BAI-455	(13,708.74)				
5/28/2010	90012777993	Prevalence Health	Outgoing Wire Transfer	BAI-455	(336.01)				